



# TOWN OF HUNTINGDON COMPLAINT FORM

Complainant's name: \_\_\_\_\_  
(block letters)

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone : (\_\_\_\_) \_\_\_\_\_

Email : \_\_\_\_\_

Description of content (by the complainant) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of complainant

\_\_\_\_\_  
Date of receipt  
by service

\_\_\_\_\_  
Received by

**Reserved for the complaints department**

**Date processed:** \_\_\_\_\_

**By :** \_\_\_\_\_